

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Bryant, Major L & Willis-Bryant, Sharon D

Printed Name(s) of Debtor(s)

X /s/ Major L Bryant

Signature of Debtor

12/04/2008

Date

Case No. (if known) _____

X /s/ Sharon D Willis-Bryant

Signature of Joint Debtor (if any)

12/04/2008

Date

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Bryant, Major L				Name of Joint Debtor (Spouse) (Last, First, Middle): Willis-Bryant, Sharon D			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7264				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 1475			
Street Address of Debtor (No. & Street, City, State & Zip Code): 226 High Ridge Rd Hillside, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 226 High Ridge Rd Hillside, IL			
ZIPCODE 60162-1619				ZIPCODE 60162-1619			
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business: Cook			
Mailing Address of Debtor (if different from street address) 4438 S Prescott Apt 4c Lyons, IL				Mailing Address of Joint Debtor (if different from street address): 4438 S Prescott Apt 4c Lyons, IL			
ZIPCODE 60534				ZIPCODE 60534			
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE	
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Bryant, Major L & Willis-Bryant, Sharon D	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: ND Of IL (Husband) Ch 7 - Discharged		Case Number: 05-54035	Date Filed: 10/14/2005
Location Where Filed: ND Of IL (Wife) Ch 7 - Discharged		Case Number: 03-43654	Date Filed: 10/24/2003
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Nicolette Robovsky Signature of Attorney for Debtor(s) 12/04/08 Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Bryant, Major L & Willis-Bryant, Sharon D

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Major L Bryant

Signature of Debtor

Major L Bryant

X /s/ Sharon D Willis-Bryant

Signature of Joint Debtor

Sharon D Willis-Bryant

Telephone Number (If not represented by attorney)

December 4, 2008

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Nicolette Robovsky

Signature of Attorney for Debtor(s)

**Nicolette Robovsky 6278336
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524**

December 4, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Bryant, Major L

Debtor(s)

Case No. _____

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Major L Bryant

Date: December 4, 2008

IN RE:

Willis-Bryant, Sharon D

Debtor(s)

Case No. _____

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Sharon D Willis-Bryant

Date: December 4, 2008

IN RE:

Case No. _____

Bryant, Major L & Willis-Bryant, Sharon D

Chapter **13**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 40,050.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 58,976.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 700.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$ 20,847.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 4,192.09
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,826.09
TOTAL		19	\$ 40,050.00	\$ 80,523.00	

IN RE:

Case No. _____

Bryant, Major L & Willis-Bryant, Sharon D

Chapter **13**

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 700.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 700.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 4,192.09
Average Expenses (from Schedule J, Line 18)	\$ 2,826.09
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 6,075.81

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 23,976.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 700.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 20,847.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 44,823.00

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account with Bank of America	H	100.00
		Savings Account with Oak Trust Credit Union	J	100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit w/ Landlord - \$783 - No value to the Debtor		0.00
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.		3,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles		250.00
6. Wearing apparel.		Used Clothing		250.00
7. Furs and jewelry.		Misc Costume Jewelry		200.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life thru work - no cash value	W	0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) with current employer - 100% Exempt	W	1,100.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Bryant, Major L & Willis-Bryant, Sharon D

Case No.

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Dodge Durango	J	17,500.00
		2006 Dodge Durango	J	17,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

IN RE Bryant, Major L & Willis-Bryant, Sharon D

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				40,050.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
 (Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Checking account with Bank of America	735 ILCS 5 §12-1001(b)	100.00	100.00
Savings Account with Oak Trust Credit Union	735 ILCS 5 §12-1001(b)	100.00	100.00
Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	735 ILCS 5 §12-1001(b)	3,000.00	3,000.00
Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles	735 ILCS 5 §12-1001(a)	250.00	250.00
Used Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
Misc Costume Jewelry	735 ILCS 5 §12-1001(b)	200.00	200.00
401(k) with current employer - 100% Exempt	735 ILCS 5 §12-1006(a)	1,100.00	1,100.00
2006 Dodge Durango	735 ILCS 5 §12-1001(c)	2,400.00	17,500.00
2006 Dodge Durango	735 ILCS 5 §12-1001(c)	2,400.00	17,500.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 1002915493 Chrysler Financial 999 Oakmont Plaza Dr Westmont, IL 60559-5563	H	Installment account opened 3/07. PMSI in 2006 Dodge Durango				33,422.00	15,922.00
		VALUE \$ 17,500.00					
ACCOUNT NO. 50000200664751 Hsbc Auto 6602 Convoy Ct San Diego, CA 92111-1009	J	Installment account opened 7/07. PMSI in 2006 Dodge Durango				25,554.00	8,054.00
		VALUE \$ 17,500.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 58,976.00	\$ 23,976.00
Total (Use only on last page)						\$ 58,976.00	\$ 23,976.00

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
ACCOUNT NO.	J		2007 income tax debt				700.00	700.00		
Illinois Department Of Revenue Bankruptcy Section Lvl 7-425 100 W Randolph St Chicago, IL 60601-3218										
ACCOUNT NO.										
ACCOUNT NO.										
ACCOUNT NO.										
ACCOUNT NO.										
ACCOUNT NO.										
ACCOUNT NO.										
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims							Subtotal (Totals of this page)	\$ 700.00	\$ 700.00	\$
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)							Total	\$ 700.00		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							Total		\$ 700.00	\$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Americash Loan 880 Lee St Ste 302 Des Plaines, IL 60016-6487	J	loan				200.00
ACCOUNT NO. Americash Loan 1117 S 1st Ave Maywood, IL 60153-2311		Assignee or other notification for: Americash Loan				
ACCOUNT NO. 33508770 Asset Acceptance Llc For Cottonwood Financial PO Box 2036 Warren, MI 48090-2036	H	Open account opened 6/07				172.00
ACCOUNT NO. Cottonwood Financial		Assignee or other notification for: Asset Acceptance Llc				
<div> <div>6 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> <div>Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</div> </div>						<div>\$ 372.00</div> <div>\$</div>

IN RE Bryant, Major L & Willis-Bryant, Sharon D

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 78854850 Bay Area Credit Servic 2860 Zanker Rd San Jose, CA 95134-2115	W	Open account opened 8/08				53.00
ACCOUNT NO. At&T PO Box 8100 Aurora, IL 60507-8100		Assignee or other notification for: Bay Area Credit Servic				
ACCOUNT NO. 517805722701 Capital One PO Box 85015 Richmond, VA 23285-5015	J	Revolving account opened 11/06				1,417.00
ACCOUNT NO. TSYS Debt Management PO Box 5155 Norcross, GA 30091-5155		Assignee or other notification for: Capital One				
ACCOUNT NO. 400344700039 Capital One PO Box 85015 Richmond, VA 23285-5015	W	Revolving account opened 2/08				849.00
ACCOUNT NO. Charter One Citizens Financial Group 1 Citizens Plz Ste 1 Providence, RI 02903-1345	J	bank fees				99.00
ACCOUNT NO. Chicago Prostate Center 815 Pasquinelli Dr Westmont, IL 60559-1276	J	Medical or Dental Bill				150.00

Sheet no. 1 of 6 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **2,568.00**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Bryant, Major L & Willis-Bryant, Sharon D

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. City Of Chicago Bureau Of Parking Dept Of Revenue 121 N Lasalle St Rm 1007A Chicago, IL 60602-1202	J	parking tickets				1,000.00
ACCOUNT NO. Arnold Scott Harris, PC 600 W Jackson Blvd Ste 720 Chicago, IL 60661-5683		Assignee or other notification for: City Of Chicago Bureau Of Parking				
ACCOUNT NO. Linebarger, Goggan, Blair, & Sampson LLP Attorneys At Law PO Box 6152 Chicago, IL 60606-0152		Assignee or other notification for: City Of Chicago Bureau Of Parking				
ACCOUNT NO. 1445375913 Credit Protection Asso 13355 Noel Rd Ste 2100 Dallas, TX 75240-6837	W	Open account opened 1/08				160.00
ACCOUNT NO. Comcast Attn: Bankruptcy 1500 Market St Philadelphia, PA 19102-2100		Assignee or other notification for: Credit Protection Asso				
ACCOUNT NO. Good Samaritan Hospital 3815 Highland Ave Downers Grove, IL 60515-1500	H	Medical or Dental Bill				5,000.00
ACCOUNT NO. 12200404 Harris & Harris 600 W Jackson Blvd Ste 400 Chicago, IL 60661-5675	H	Open account opened 12/07				208.00

Sheet no. 2 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **6,368.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Bethany Medical Center 5219 N Harlem Ave Chicago, IL 60656-1803		Assignee or other notification for: Harris & Harris				
ACCOUNT NO. 8316577 Harvard Collection For Com Ed 4839 N Elston Ave Chicago, IL 60630-2534	H	Notice only. Discharged in husband's prior Ch 7. Account opened 5/04				0.00
ACCOUNT NO. 512025501669 Hsbc Bank PO Box 5253 Carol Stream, IL 60197-5253	H	Revolving account opened 10/07				563.00
ACCOUNT NO. 515598000065 Hsbc Bank PO Box 5253 Carol Stream, IL 60197-5253	J	Revolving account opened 11/07				461.00
ACCOUNT NO. 2112110100002854 Hsbc/carsn	W	Revolving account opened 4/07				97.00
ACCOUNT NO. Illinois Tollway Authority Violations PO Box 5201 Lisle, IL 60532-5201	J	tolls				67.00
ACCOUNT NO. Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326	H	income tax debt 1995 - 2000				9,000.00

IN RE Bryant, Major L & Willis-Bryant, Sharon D

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Loan Shop Online Attn: Privacy Compliance Officer 2207 Concord Pike # 505 Wilmington, DE 19803	J	loan				190.00
ACCOUNT NO. M1Y Direct PO Box 881574 Los Angeles, CA 90009-3004	J	loan				150.00
ACCOUNT NO. 6028904, 6130817 Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4511	W	Open account opened 1/06				300.00
ACCOUNT NO. Good Samaritan Hospital 3815 Highland Ave Downers Grove, IL 60515-1500		Assignee or other notification for: Mrsi				
ACCOUNT NO. 345081 National Credit Adjust 327 W 4th Ave Hutchinson, KS 67501-4842	W	Open account opened 7/06				183.00
ACCOUNT NO. Check N Go Online 515 Financial Way Mason, OH 45040		Assignee or other notification for: National Credit Adjust				
ACCOUNT NO. 24772160458 Nuvell Credit PO Box 1762 Greeley, CO 80632-1762	J	Notice only. Discharged in prior Ch 7. Acct opened 12/02				0.00

Sheet no. 4 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **823.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Bryant, Major L & Willis-Bryant, Sharon D

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Payday Loan Store 3908 Harlem Ave Lyons, IL 60534-1208	J	loan				150.00
ACCOUNT NO. 6179836 Professnl Acct Mgmt In 633 W Wisconsin Ave Milwaukee, WI 53203-1918	H	Open account opened 9/06				31.00
ACCOUNT NO. Chex Systems 7805 Hudson Rd Ste 100 Saint Paul, MN 55125-1595		Assignee or other notification for: Professnl Acct Mgmt In				
ACCOUNT NO. TCF Bank 800 Burr Ridge Pkwy Burr Ridge, IL 60527-6486		Assignee or other notification for: Professnl Acct Mgmt In				
ACCOUNT NO. Telecheck 5251 Westheimer Rd Houston, TX 77056-5412		Assignee or other notification for: Professnl Acct Mgmt In				
ACCOUNT NO. 8261720 State Collection Servi For Advocate Health Hospital 2509 S Stoughton Rd Madison, WI 53716-3314	H	Open account opened 11/07				197.00
ACCOUNT NO. T Mobile Attn Bankruptcy PO Box 742596 Cincinnati, OH 45274-2596	J	notice only. discharged in prior Ch 7.				0.00

Sheet no. 5 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **378.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE Bryant, Major L & Willis-Bryant, Sharon D

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Westbury/ Loan Shop 73 Greentree Dr # 513 Dover, DE 19904-7646	J	loan				150.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 6 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **150.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **20,847.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Dependent	AGE(S): 2
EMPLOYMENT:		
DEBTOR		SPOUSE
Occupation Name of Employer How long employed Address of Employer	Manager/ Field Supervisor Securitas Security Services USA 12 years 111 Barclay Blvd Ste 320 Lincolnshire, IL 60069-3610	IT Specialist/ Support Analyst Ace Hardware 9 years and 6 months 2200 Kensington Ct Oak Brook, IL 60523-2103

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <u>2,772.53</u>	\$ <u>3,303.28</u>
2. Estimated monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ <u>2,772.53</u>	\$ <u>3,303.28</u>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <u>474.20</u>	\$ <u>692.94</u>
b. Insurance	\$ <u>231.92</u>	\$ <u>281.50</u>
c. Union dues	\$ _____	\$ _____
d. Other (specify) <u>Car/Home Ins</u>	\$ _____	\$ <u>203.16</u>
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>706.12</u>	\$ <u>1,177.60</u>
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>2,066.41</u>	\$ <u>2,125.68</u>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <u>2,066.41</u>	\$ <u>2,125.68</u>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ <u>4,192.09</u>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 783.00
a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 123.09
b. Water and sewer	\$
c. Telephone	\$
d. Other Cell Phones	\$ 150.00
Cable And Internet	\$ 120.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 450.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 100.00
8. Transportation (not including car payments)	\$ 330.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 50.00
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$
b. Life	\$
c. Health	\$
d. Auto	\$
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Child Care	\$ 500.00
Personal Care And Grooming	\$ 30.00
Vehicle Care And Maintenance	\$ 40.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 2,826.09

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 4,192.09
b. Average monthly expenses from Line 18 above	\$ 2,826.09
c. Monthly net income (a. minus b.)	\$ 1,366.00

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: December 4, 2008 Signature: /s/ Major L Bryant
Major L Bryant Debtor

Date: December 4, 2008 Signature: /s/ Sharon D Willis-Bryant
Sharon D Willis-Bryant (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Bryant, Major L & Willis-Bryant, Sharon D

Debtor(s)

Case No. _____

Chapter 13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
46,494.00	2006 Income from employment (wife)
47,219.00	2007 Income from employment (wife)
3,300.00	2008 Income from employment (monthly) (wife)
40,883.00	2006 Income from employment (husband)
38,775.00	2007 Income from employment (husband)
2,513.00	2008 Income from employment (monthly) (husband)

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Chrysler Financial 999 Oakmont Plaza Dr Westmont, IL 60559-5563	Last 3 months	1,809.00	33,422.00
Hsbc Auto 6602 Convoy Ct San Diego, CA 92111-1009	Last 3 months	1,734.00	25,554.00

- None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

- None ☒ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: December 4, 2008 Signature /s/ Major L Bryant
of Debtor **Major L Bryant**

Date: December 4, 2008 Signature /s/ Sharon D Willis-Bryant
of Joint Debtor **Sharon D Willis-Bryant**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Bryant, Major L & Willis-Bryant, Sharon D

Chapter 13

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 38

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: December 4, 2008

/s/ Major L Bryant

Debtor

/s/ Sharon D Willis-Bryant

Joint Debtor

Bryant, Major L
4438 S Prescott
Apt 4c
Lyons, IL 60534

Capital One
PO Box 85015
Richmond, VA 23285-5015

Harris & Harris
600 W Jackson Blvd Ste 400
Chicago, IL 60661-5675

Willis-Bryant, Sharon D
4438 S Prescott
Apt 4c
Lyons, IL 60534

Charter One
Citizens Financial Group
1 Citizens Plz Ste 1
Providence, RI 02903-1345

Harvard Collection
For Com Ed
4839 N Elston Ave
Chicago, IL 60630-2534

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Check N Go Online
515 Financial Way
Mason, OH 45040

Hsbc Auto
6602 Convoy Ct
San Diego, CA 92111-1009

Americash Loan
880 Lee St Ste 302
Des Plaines, IL 60016-6487

Chex Systems
7805 Hudson Rd Ste 100
Saint Paul, MN 55125-1595

Hsbc Bank
PO Box 5253
Carol Stream, IL 60197-5253

Americash Loan
1117 S 1st Ave
Maywood, IL 60153-2311

Chicago Prostate Center
815 Pasquinelli Dr
Westmont, IL 60559-1276

Illinois Department Of Revenue
Bankruptcy Section Lvl 7-425
100 W Randolph St
Chicago, IL 60601-3218

Arnold Scott Harris, PC
600 W Jackson Blvd Ste 720
Chicago, IL 60661-5683

Chrysler Financial
999 Oakmont Plaza Dr
Westmont, IL 60559-5563

Illinois Tollway Authority
Violations
PO Box 5201
Lisle, IL 60532-5201

Asset Acceptance Llc
For Cottonwood Financial
PO Box 2036
Warren, MI 48090-2036

City Of Chicago Bureau Of Parking
Dept Of Revenue
121 N Lasalle St Rm 1007A
Chicago, IL 60602-1202

Internal Revenue Service
Centralized Insolvency Operations
PO Box 21126
Philadelphia, PA 19114-0326

At&T
PO Box 8100
Aurora, IL 60507-8100

Comcast
Attn: Bankruptcy
1500 Market St
Philadelphia, PA 19102-2100

Linebarger, Goggan, Blair, & Sampson LLP
Attorneys At Law
PO Box 6152
Chicago, IL 60606-0152

Bay Area Credit Servic
2860 Zanker Rd
San Jose, CA 95134-2115

Credit Protection Asso
13355 Noel Rd Ste 2100
Dallas, TX 75240-6837

Loan Shop Online
Attn: Privacy Compliance Officer
2207 Concord Pike # 505
Wilmington, DE 19803

Bethany Medical Center
5219 N Harlem Ave
Chicago, IL 60656-1803

Good Samaritan Hospital
3815 Highland Ave
Downers Grove, IL 60515-1500

M1Y Direct
PO Box 881574
Los Angeles, CA 90009-3004

Mrsi
2250 E Devon Ave Ste 352
Des Plaines, IL 60018-4511

Westbury/ Loan Shop
73 Greentree Dr # 513
Dover, DE 19904-7646

National Credit Adjust
327 W 4th Ave
Hutchinson, KS 67501-4842

Nuvel Credit
PO Box 1762
Greeley, CO 80632-1762

Payday Loan Store
3908 Harlem Ave
Lyons, IL 60534-1208

Professnl Acct Mgmt In
633 W Wisconsin Ave
Milwaukee, WI 53203-1918

State Collection Servi
For Advocate Health Hospital
2509 S Stoughton Rd
Madison, WI 53716-3314

T Mobile
Attn Bankruptcy
PO Box 742596
Cincinnati, OH 45274-2596

TCF Bank
800 Burr Ridge Pkwy
Burr Ridge, IL 60527-6486

Telecheck
5251 Westheimer Rd
Houston, TX 77056-5412

TSYS Debt Management
PO Box 5155
Norcross, GA 30091-5155

IN RE:

Case No. _____

Bryant, Major L & Willis-Bryant, Sharon D

Chapter 13

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,500.00**

Prior to the filing of this statement I have received \$ _____

Balance Due \$ **3,500.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

Litigation / Adversary Proceedings
Credit Counseling Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 4, 2008

Date

/s/ Nicolette Robovsky

Nicolette Robovsky 6278336
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524

Securitas Security Services USA, Inc.
111 BARCLAY BLVD SUITE 320
LINCOLNSHIRE IL 60069

Case 08-33104

Doc 1

Employee No.
009477

Employee Name
MAJOR L BRYANT

Main Dept.
014C0

Document

Filed 12/04/08 Entered 12/04/08 08:16:32

Page 38 of 67

5000973336

Desc Main

Hours and Earnings

Description/Rate	Hours/Units	Current
2090004064 FIELD MANAGER OT 21.75	5.50	119.63
2090004064 FIELD MANAGER ST 14.50	80.00	1,160.00
TOTAL HOURS AND EARNINGS	85.50	1,279.63
MLGNT		352.82
TOTAL REIMBURSEMENT EARNINGS		352.82

Taxes and Deductions

Description	Current	Year-to-Date
PRE-TAX DEDUCTIONS		
Medical	103.70	2,385.10
VISION	3.34	76.82
401K	38.39	1,027.68
TOTAL PRE-TAX DEDS	145.43	3,489.60
TAX DEDUCTIONS		
FICA-Social Security	72.70	1,971.22
FICA-Medicare	17.00	461.01
Withholding S-2 \$ 0.00	99.75	3,041.39
IL Withholding S-2 \$ 0.00	29.41	804.22
TOTAL TAX DEDS	218.86	6,277.84
AFTER-TAX DEDUCTIONS		
Agreement	102.30	2,352.90
TOTAL AFTER-TAX DEDS	102.30	2,352.90

	Gross	Less Pre-Tax	Taxable Earn	Less Taxes	Less After-Tax	Reimb.	Net Pay	Current Net Pay Distribution
Current	1,279.63	145.43	1,134.20	218.86	102.30	352.82	1,165.86	TOTAL Net Pay 1,165.86
YTD	34,255.75	3,489.60	30,766.15	6,277.84	2,352.90	5,137.49	27,272.90	SVgs MASTER PRI 45.00 Chkg LASALLE NA 1,120.86 Check Amount 0.00

THIS IS A STATEMENT OF YOUR EARNINGS AND DEDUCTIONS - PLEASE DETACH AND RETAIN FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Securitas Security Services USA, Inc.

111 BARCLAY BLVD SUITE 320
LINCOLNSHIRE IL 60069

5000973336

CHECK DATE	CHECK AMOUNT
11-06-2008	0.00

014C0 01
MAJOR L BRYANT
4438 S PRESCOTT 4C
LYONS IL 60534

Advice Only / Non Negotiable

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK

Securitas Security Services USA, Inc.
111 BARCLAY BLVD SUITE 320
LINCOLNSHIRE IL 60069

Employee No. 569471
Job Title MAJOR L BRYANT
Main Dept. 014C0
Period Begin 09-19-2008
Period End 10-02-2008
Check Date 10-09-2008

Desc Main

Hours and Earnings

Description/Rate
2090004064 FIELD MANAGER OT 21.75
2090004064 FIELD MANAGER ST 14.50
2090011174 555 31ST STREET ST 14.50
TOTAL HOURS AND EARNINGS
MLGNT
TOTAL REIMBURSEMENT EARNINGS

Hours/Units
9.00
65.50
14.50
89.00
1,355.75
315.83
315.83

Current
195.75
949.75
210.25
1,355.75
315.83
315.83

Taxes and Deductions

Description	Current	Year-to-Date
PRE-TAX DEDUCTIONS		
Medical	103.70	2,177.70
VISION	3.34	70.14
401K	40.67	947.96
TOTAL PRE-TAX DEDS	147.71	3,195.80
TAX DEDUCTIONS		
FICA-Social Security	77.42	1,819.75
FICA-Medicare	18.11	425.59
Withholding S-2 \$ 0.00	110.82	2,827.65
IL Withholding S-2 \$ 0.00	31.63	742.55
TOTAL TAX DEDS	237.98	5,815.54
AFTER-TAX DEDUCTIONS		
Agreement	102.30	2,148.30
TOTAL AFTER-TAX DEDS	102.30	2,148.30

	Gross	Less Pre-Tax	Taxable Earn	Less Taxes	Less After-Tax	Reimb.	Net Pay	Current Net Pay Distribution
Current	1,355.75	147.71	1,208.04	237.98	102.30	315.83	1,183.59	TOTAL Net Pay 1,183.59
YTD	31,598.62	3,195.80	28,402.82	5,815.54	2,148.30	4,445.14	24,884.12	Svgs MASTER PRI 45.00 Chkg LASALLE NA 1,138.59 Check Amount 0.00

3005-1 (1/01) THIS IS A STATEMENT OF YOUR EARNINGS AND DEDUCTIONS - PLEASE DETACH AND RETAIN FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Securitas Security Services USA, Inc.

111 BARCLAY BLVD SUITE 320
LINCOLNSHIRE IL 60069

5000924524

CHECK DATE	CHECK AMOUNT
10-09-2008	0.00

014C0 01
MAJOR L BRYANT
4438 S PRESCOTT 4C
LYONS IL 60534

Advice Only / Non Negotiable

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO SEE THE WATERMARK.

111 BARCLAY BLVD SUITE 320
LINCOLNSHIRE IL 60069

Employee No.	Employee Name	Social Security No.	Check Number
569471	MAJOR L BRYANT	XXX-XX-7246	5000948914
Main Dept.	Period Begin	Period End	Check Date
014C0	10-03-2008	10-16-2008	10-23-2008

Hours and Earnings

Description/Rate	Hours/Units	Current	Description	Current	Year-to-Date
2090001618 SYNEX ST 14.50	1.00	14.50	PRE-TAX DEDUCTIONS		
2090004064 FIELD MANAGER OT 21.75	10.00	217.50	Medical	103.70	2,281.40
2090004064 FIELD MANAGER ST 14.50	79.00	1,145.50	VISION	3.34	73.48
TOTAL HOURS AND EARNINGS	90.00	1,377.50	401K	41.33	989.29
MLGNT		339.53	TOTAL PRE-TAX DEDS	148.37	3,344.17
TOTAL REIMBURSEMENT EARNINGS		339.53	TAX DEDUCTIONS		
			FICA-Social Security	78.77	1,898.52
			FICA-Medicare	18.42	444.01
			Withholding S-2 \$ 0.00	113.99	2,941.64
			IL Withholding S-2 \$ 0.00	32.26	774.81
			TOTAL TAX DEDS	243.44	6,058.98
			AFTER-TAX DEDUCTIONS		
			Agreement	102.30	2,250.60
			TOTAL AFTER-TAX DEDS	102.30	2,250.60

	Gross	Less Pre-Tax	Taxable Earn	Less Taxes	Less After-Tax	Reimb.	Net Pay	Current Net Pay Distribution
Current	1,377.50	148.37	1,229.13	243.44	102.30	339.53	1,222.92	TOTAL Net Pay 1,222.92
YTD	32,976.12	3,344.17	29,631.95	6,058.98	2,250.60	4,784.67	26,107.04	Svgs MASTER PRI 45.00
								Chkg LASALLE NA 1,177.92
								Check Amount 0.00

THIS IS A STATEMENT OF YOUR EARNINGS AND DEDUCTIONS - PLEASE DETACH AND RETAIN FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Securitas Security Services USA, Inc.

111 BARCLAY BLVD SUITE 320
LINCOLNSHIRE IL 60069

5000948914

CHECK DATE	CHECK AMOUNT
10-23-2008	0.00

014C0 01
MAJOR L BRYANT
4438 S PRESCOTT 4C
LYONS IL 60534

Advice Only / Non Negotiable

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Securitas Security Services USA, Inc.

111 BARCLAY BLVD SUITE 320
LINCOLNSHIRE IL 60069

Employee No.	Employee Name	Social Security No.	Check Number
569471	MAJOR L BRYANT	XXX-XX-7246	1001112741
Main Dept.	Period Begin	Period End	Check Date
014C0	09-19-2008	10-02-2008	10-01-2008

Hours and Earnings

Description/Rate	Hours/Units	Current
09-05-2008 09-11-2008		
2090004064 FIELD MANAGER OT 21.75	1.50	32.63
2090004064 FIELD MANAGER ST 14.50	36.00	522.00
TOTAL HOURS AND EARNINGS	37.50	554.63

Taxes and Deductions

Description	Current	Year-to-Date
PRE-TAX DEDUCTIONS		
Medical	0.00	2,074.00
VISION	0.00	66.80
401K	16.64	907.29
TOTAL PRE-TAX DEDS	16.64	3,048.09
TAX DEDUCTIONS		
FICA-Social Security	34.39	1,742.33
FICA-Medicare	8.04	407.48
Withholding S-2 \$ 0.00	16.68	2,716.83
IL Withholding S-2 \$ 0.00	11.52	710.92
TOTAL TAX DEDS	70.63	5,577.56
AFTER-TAX DEDUCTIONS		
Agreement	0.00	2,046.00
TOTAL AFTER-TAX DEDS	0.00	2,046.00

	Gross	Less Pre-Tax	Taxable Earn	Less Taxes	Less After-Tax	Reimb.	Net Pay	Current Net Pay Distribution
Current	554.63	16.64	537.99	70.63	0.00	0.00	467.36	TOTAL Net Pay 467.36
YTD	30,242.87	3,048.09	27,194.78	5,577.56	2,046.00	4,129.31	23,700.53	Check Amount 467.36

111 BARCLAY BLVD SUITE 320
LINCOLNSHIRE IL 60069

569471	MAJOR L BRYANT			
Main Dept.		Period Begin	Period End	Check Date
014C0		08-08-2008	08-21-2008	08-28-2008

Hours and Earnings			Taxes and Deductions			
Description/Rate	Hours/Units	Current	Description	Current	Year-to-Date	
2090002117 DOWNERS GROVE VAC 14.50	80.00	1,160.00	PRE-TAX DEDUCTIONS			
TOTAL HOURS AND EARNINGS	80.00	1,160.00	Medical	103.70	1,866.60	
			VISION	3.34	60.12	
			401K	34.80	845.73	
			TOTAL PRE-TAX DEDS	141.84	2,772.45	
			TAX DEDUCTIONS			
			FICA-Social Security	65.28	1,628.37	
			FICA-Medicare	15.27	380.83	
			Withholding S-2 \$ 0.00	82.34	2,650.37	
			IL Withholding S-2 \$ 0.00	25.93	671.48	
			TOTAL TAX DEDS	188.82	5,331.05	
			AFTER-TAX DEDUCTIONS			
			Agreement	102.30	1,841.40	
			TOTAL AFTER-TAX DEDS	102.30	1,841.40	

	Gross	Less Pre-Tax	Taxable Earn	Less Taxes	Less After-Tax	Reimb.	Net Pay	Current Net Pay Distribution	
Current	1,160.00	141.84	1,018.16	188.82	102.30	0.00	727.04	TOTAL Net Pay	727.04
YTD	28,190.74	2,772.45	25,418.29	5,331.05	1,841.40	5,859.44	22,105.28	Svgs MASTER PRI	45.00
								Chkg LASALLE NA	682.04
								Check Amount	0.00

C-8005-1 (7/01)

THIS IS A STATEMENT OF YOUR EARNINGS AND DEDUCTIONS - PLEASE DETACH AND RETAIN FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

■ CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Securitas Security Services USA, Inc.

111 BARCLAY BLVD SUITE 320
LINCOLNSHIRE IL 60069

5000851449

CHECK DATE	CHECK AMOUNT
08-28-2008	0.00

014C0 01
MAJOR L BRYANT
4438 S PRESCOTT 4C
LYONS IL 60534

Advice Only / Non Negotiable

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HOLD AT AN ANGLE TO SEE THE MARK WHEN CHECKING THE ENDORSEMENT.

CHECK NO: A379454
CHECK DATE: 09/15/08
PERIOD ENDING: 09/15/08
PAY FREQUENCY: SEMIMONTHLY

ID NUMBER: 1G19174043	FED: SINGLE	EXEMPT 02	TAX ADJUSTMENTS
BASE RATE: 1791.67	ST1:	00	FED:
SSN:XXX-XX-1475	ST2:		DI/UC:
			LOCAL:

STATE AND LOCAL CODES
PRI: IL LOC1: LOC3:
SEC: LOC2: LOC4:
LOC5:

HOURS AND EARNINGS

CURRENT EARNINGS				Y-T-D EARNINGS		TAXES AND DEDUCTIONS			SPECIAL INFORMATION
DESCRIPTION	HOURS/UNITS	EARNINGS		HOURS/UNITS	EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT	
REGULAR BONUS	86.67	1791.67		1473.39	29991.70 2981.06	SO SEC TAX	102.44	1897.41	TERM LIFE INS
						MEDICARE TAX	23.96	443.75	YTD TERM LIFE INS
						FED INC TAX	171.50	3569.27	
						PRI-STATE TAX	49.57	913.82	
						TOTAL TAXES	347.47	6824.25	
						AFTER-TAX DEDUCTIONS			
						MET AUTO HOME	101.58	1696.55	
						401K LOAN	22.64	384.88	
						GARNISHMENT		1080.45	
TOTAL H/E						PRE-TAX ITEMS			
DENTAL	86.67	1791.67		1473.39	32972.76				
PRE-TAX MED		7.64-			129.88-				
401K		132.39-			2250.63-				
					143.34-				
TOTAL PRE-TAX						TOTAL PER DED	124.22	3161.88	
	86.67	140.03-			2523.85-	LESS DEDS		EQ NET PAY	
TOTAL	GROSS	TAXABLE WAGES	LESS TAXES	TOTAL PER DED	LESS DEDS	EQ NET PAY			
CURRENT	1651.64	1651.64	347.47	124.22	1179.95				
Y-T-D	30448.91	30448.91	6824.25	3161.88	20462.78				
						CURRENT NET PAY DISTRIBUTION			
						S XXXXXXXXXG007 50.00			
						S X0148 5.00			
						S XXXXXX9280 25.00			
						C XXXXXXXXXXXXXXXX1475 16.67			
						C XXXXX2837 1083.28			
						CHECK AMOUNT .00			
						TOTAL CURRENT NET PAY 1179.95			



DATE: 09-15-08

CHECK NO: A379454

C16-1

DATE: 09-15-08 CHECK NO: A37945
YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.
BRYANT, SHARON

BRYANT, SHARON
226 N HIGHRIDGE RD.
HILLSDALE, IL 60162

NOT NEGOTIABLE



ACE HARDWARE CORPORATION
2200 KENSINGTON COURT
OAKBROOK, ILLINOIS 60523-2100

CHECK NO: A380629
CHECK DATE: 09/30/08
PERIOD ENDING: 09/30/08
PAY FREQUENCY: SEMIMONTHLY

BRYANT, SHARON
226 N HIGHRIDGE RD.
HILLSDALE, IL 60162

ID NUMBER: 1G19174043 FED: SINGLE 02 TAX ADJUSTMENTS
BASE RATE: 1791.67 ST1: 00 FED: ST: STATE AND LOCAL CODES
SSN: XXX-XX-1475 ST2: 00 D1/UC: PRI: 1L LOC1: LOC3
LOCAL: SEC: LOC2: LOC4
LOC5

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

SPECIAL INFORMATION

DESCRIPTION	CURRENT HOURS/UNITS	EARNINGS	Y-T-D HOURS/UNITS	EARNINGS
REGULAR	86.67	1791.67	1560.06	31783.37
BONUS				2981.06

DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT
SO SEC TAX	102.45	1999.86
MEDICARE TAX	23.96	467.71
FED INC TAX	171.50	3740.77
PRI-STATE TAX	49.57	963.39

TERM LIFE INS
YTD TERM LIFE INS 11.

TOTAL TAXES	347.48	7171.73
AFTER-TAX DEDUCTIONS		
NET AUTO HOME	101.58	1798.13
401K LOAN 1	22.64	407.52
GARNISHMENT		1080.45

TOTAL H/E	86.67	1791.67	1560.06	34764.43
DENTAL				
PRE-TAX MED		7.64		137.52
401K		132.39		2383.02
				143.34

TOTAL PRE-TAX		140.03		
TOTAL	86.67	1651.64	1560.06	2663.88

CURRENT	GROSS	TAXABLE WAGES	LESS TAXES	TOTAL PER DED	LESS DEDS	EQ NET PAY
	1651.64	1651.64	347.48	124.22		3286.10
Y-T-D	32100.55	32100.55	7171.73	3286.10		1179.94

CURRENT NET PAY DISTRIBUTION	AMOUNT
S XXXXXXXXX6007	50.00
S X0148	5.00
S XXXXXXXX9280	25.00
C XXXXXXXXXX1475	16.67
C XXXXX2837	1083.27
CHECK AMOUNT	.00

TOTAL CURRENT NET PAY 1179.94



ACE HARDWARE CORPORATION
2200 KENSINGTON COURT
OAKBROOK, ILLINOIS 60523-2100

DATE: 09-30-08

CHECK NO: A380629

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

BRYANT, SHARON
226 N HIGHRIDGE RD.
HILLSDALE, IL 60162

NOT NEGOTIABLE

MARK: DO NOT ACCEPT WITHOUT HOLDING AT

CHECK NO: A381803
CHECK DATE: 10/15/08
PERIOD ENDING: 10/15/08
PAY FREQUENCY: SEMIMONTHLY

ID NUMBER: 1G19174043	FED: 02	<u>STATUS</u>	<u>EXEMPT</u>	<u>TAX ADJUSTMENTS</u>
BASE RATE: 1791.67	ST1:	SINGLE	00	FED:
SSN:XXX-XX-1475	ST2:			D1/UC:
				LOCAL:

STATE AND LOCAL CODES
PRI: IL LOC1: LOC3:
SEC: LOC2: LOC4:
LOC5:

HOURS AND EARNINGS

[illegible]

ACE HARDWARE CORPORATION
2200 KENSINGTON COURT
OAKBROOK, ILLINOIS 60523-2100

DATE: 10-15-08

CHECK NO: A381803

DATE: 10-15-08 CHECK NO: A3818
YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.
BRYANT, SHARON

BRYANT, SHARON
226 N HIGHRIDGE RD.
HILLSDALE, IL 60162

NOT NEGOTIABLE

CHECK NO: A382981
CHECK DATE: 10/31/08
PERIOD ENDING: 10/31/08
PAY FREQUENCY: SEMIMONTHLY

ID NUMBER: 1G19174043	FED: SINGLE	EXEMPT 02	TAX ADJUSTMENTS
BASE RATE: 1791.67	ST1:	00	FED:
SSN:XXX-XX-1475	ST2:		D1/UC:
			LOCAL:

STATE AND LOCAL CODES
PRI: 1L LOC1: LOC3
SEC: LOC2: LOC4
 LOC5

HOURS AND EARNINGS

[illegible]

ACE HARDWARE CORPORATION
2200 KENSINGTON COURT
OAKBROOK, ILLINOIS 60523-2100

DATE: 10-31-08

CHECK NO: A382981

C16-1

DATE: 10-31-08
CHECK NO: A3829
YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.
BRYANT, SHARON

BRYANT, SHARON
226 N HIGHRIDGE RD.
HILLSDALE, IL 60162

NOT NEGOTIABLE

Income Tax Return for Single and Joint Filers With No Dependents

2007

OMB No. 1545-0074

L A B E L H E R E	Your first name and initial major	Last name bryant	Your social security number 325-62-7246	
	If a joint return, spouse's first name and initial 	Last name 	Spouse's social security number 	
	Home address (number and street). If you have a P.O. box, see page 9. 8016 edgewater road		Apt. no. 	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 9. Chicago IL 60646		You must enter your SSN(s) above. Checking a box below will not change your tax or refund.	

Presidential Election Campaign (page 9) ☐

Check here if you, or your spouse if a joint return, want \$3 to go to this fund ☒ You ☐ Spouse

Income Attach Form(s) W-2 here.	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1 38,775
	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2
	3 Unemployment compensation and Alaska Permanent Fund dividends (see page 10).	3
	4 Add lines 1, 2, and 3. This is your adjusted gross income .	4 38,775
	5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on page 2. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$8,750 if single ; \$17,500 if married filing jointly . See page 2 for explanation.	5 8,750
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6 30,025
Payments and tax	7 Federal income tax withheld from box 2 of your Form(s) W-2.	7 3,877
	8a Earned income credit (EIC).	8a
	b Nontaxable combat pay election. 8b	
	9 Add lines 7 and 8a. These are your total payments .	9 3,877
	10 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 18-26 of the booklet. Then, enter the tax from the table. This is your tax .	10 4,113
Refund Have it directly deposited? See page 15 and fill in 11b, 11c, and 11d or Form 8888.	11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund . If Form 8888 is attached, check here.	11a
	b Routing number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Amount you owe	12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe . For details on how to pay, see page 16.	12 236
Third party designee	Do you want to allow another person to discuss this return with the IRS (see page 16)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No	
	Designee's name <input type="text"/>	Phone no. <input type="text"/>
	Personal identification number (PIN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Sign here Joint return? See page 6. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all adjustments and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information on which the preparer has any knowledge.	
	Your signature <input type="text"/>	Date <input type="text"/>
	Your occupation <input type="text"/>	Daytime phone number <input type="text"/>
	Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>
	Spouse's occupation <input type="text"/>	Daytime phone number <input type="text"/>
Paid preparer's use only	Preparer's signature <input type="text"/>	Date <input type="text"/>
	Firm's name (or yours if self-employed), address, and ZIP code MURPHY'S TAX ACCOUNTING SERVICE 3333 W. ARTHINGTON ST STE 219 Chicago IL 60624	Check if self-employed <input checked="" type="checkbox"/>
	Preparer's SSN or PTIN 350-36-2083	EIN 36-3649578
	Phone no. 773-638-1262	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 32.

Form
1040EZ

Department of the Treasury - Internal Revenue Service
**Income Tax Return for Single and
Joint Filers With No Dependents (99) 2006**

OMB No. 1545-0074

Label
(See page 11.)
Use the IRS
label.
Otherwise,
please print
or type.

Presidential
Election
Campaign
(page 11)

L A B E L	Your first name and initial major	Last name bryant	Your social security number 325-62-7246
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
H O M E A D D R E S S	Home address (number and street). If you have a P.O. box, see page 11. 8016 edgewater road		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. Chicago IL 60646		<p>▲ You must enter your SSN(s) above. ▲</p> <p>Checking a box below will not change your tax or refund.</p>

Check here if you, or your spouse if a joint return, want \$3 to go to this fund ☒ You ☐ Spouse

Income

Attach
Form(s) W-2
here.

Enclose, but
do not attach,
any payment.

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	40,883
2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
3 Unemployment compensation and Alaska Permanent Fund dividends (see page 13).	3	
4 Add lines 1, 2, and 3. This is your adjusted gross income .	4	40,883
5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on page 2. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$8,450 if single; \$16,900 if married filing jointly. See page 2 for explanation.	5	8,450
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	32,433

**Payments
and tax**

7 Federal income tax withheld from box 2 of your Form(s) W-2.	7	4,511
8a Earned income credit (EIC).	8a	
b Nontaxable combat pay election.	8b	
9 Credit for federal telephone excise tax paid. Attach Form 8913 if required.	9	30
10 Add lines 7, 8a, and 9. These are your total payments .	10	4,541
11 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 24-32 of the booklet. Then, enter the tax from the table on this line.	11	4,664

Refund

Have it directly
deposited! See
page 18 and fill
in 12b, 12c,
and 12d or
Form 8888.

12a If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	12a	
b Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number <input type="text"/>		

**Amount
you owe**

13 If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe . For details on how to pay, see page 19.	13	123
---	-----------	------------

**Third party
designee**

Do you want to allow another person to discuss this return with the IRS (see page 20)? <input checked="" type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No		
Designee's name	Phone no.	Personal identification number (PIN)

**Sign
here**

Joint return?
See page 11.
Keep a copy
for your
records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid
preparer's
use only**

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	MURPHY'S TAX ACCOUNTING SERVICE	EIN	350-36-2083
	3333 W. ARTHINGTON ST STE 219		36-3649578
	Chicago IL 60624	Phone no.	773-638-1262

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 22.

EEA

Form 1040EZ (2006)

NOV-14-2008 10:50

INTERNAL REVENUE SERVICE
Page 1 of 3

P.04

325-62-7246 30200512 R1 BRYA SP SSN: 000-00-0000 F1040A 1 of 4

FILING STATUS: Head of Household

THIRD PRY IND: 0

DEPENDENTS:

1 SSN: 322-68-7200 BRYA

EXEMPTIONS: 02

LN	DESCRIPTION	PER RETURN
LN 7	WAGES	31,226
LN 8a	TAXABLE INTEREST	0
LN 8b	TAX-EXEMPT INTEREST	0
LN 9a	ORDINARY DIVIDENDS	0
LN 9b	QUALIFIED DIVIDENDS	0
LN 10	CAPITAL GAIN DISTRIBUTIONS	0
LN 11a	TOTAL IRA DISTRIBUTIONS	0
LN 11b	TAXABLE IRA DISTRIBUTIONS	0

325-62-7246 30200512 R2 BRYA SP SSN: 000-00-0000 F1040A 2 of 4

LN	DESCRIPTION	PER RETURN
LN 12a	TOTAL PENSIONS AND ANNUITIES	0
LN 12b	TAXABLE PENSIONS AND ANNUITIES	0
LN 13	UNEMPLOYMENT COMPENSATION	0
LN 14a	TOTAL SOCIAL SECURITY BENEFITS	0
LN 14b	TAXABLE SOCIAL SECURITY BENEFITS	0
LN 15	TOTAL INCOME	31,226
LN 16	EDUCATOR EXPENSES	0
LN 17	IRA DEDUCTION	0
LN 18	STUDENT LOAN INTEREST DEDUCTION	0
LN 19	TUITION AND FEE DEDUCTION	0
LN 20	TOTAL ADJUSTMENTS	0
LN 21	ADJUSTED GROSS INCOME	31,226.00
LN 27	TAXABLE INCOME	17,526.00
LN 28	TENTATIVE TAX	2,106.00
LN 29	CHILD CARE CREDIT	0.00

NOV-14-2008 10:50

INTERNAL REVENUE SERVICE

P.05

325-62-7246 30200512 R3 BRYA SP SSN: 000-00-0000 F1040A 3 of 4
PER RETURN

LN 30	CREDIT FOR THE ELDERLY	0.00
LN 31	EDUCATION CREDIT: F8863	0.00
LN 32	RETIREMENT SAVINGS CONTRB CREDIT	0.00
	PRIM RET SAV CONTRB: F8880 LN 6a	0
	SEC RET SAV CONTRB: F8880 LN 6b	0
LN 33	CHILD TAX CREDIT	1,000.00
LN 34	ADOPTION CREDIT: F8839	0.00
LN 35	TOTAL CREDITS	1,000.00
LN 37	ADVANCED EARNED INCOME	0.00
LN 38	TOTAL TAX LIABILITY TP FIGURES	1,106.00
LN 39	FEDERAL WITHHOLDING	2,302.00
LN 40	ESTIMATED TAX PAYMENTS	0.00

325-62-7246 30200512 R4 BRYA SP SSN: 000-00-0000 F1040A 4 of 4
PER RETURN

LN 41a	EARNED INCOME CREDIT	0.00
	EIC PRIOR YEAR EARNED INCOM AMT	0.00
LN 41b	NON TXBL COMBAT PAY ELECTION	0.00
	NON TXBL COMBAT PAY: F8812 LN 4b	0.00
	TOT SS/MED WHHLD: F8812 LN 7	0.00
	F8812 PRIOR YR EARNED INCOM	0.00
LN 42	ADDITIONAL CHILD TAX CR: F8812	0.00
LN 43	TOTAL PAYMENTS	2,302.00
LN 45a	REFUND AMOUNT	1,196.00
LN 46	APPLIED TO 2006 ESTIMATED TAX	0.00
LN 47	AMOUNT DUE	
LN 48	ESTIMATED TAX PENALTY	0.00

TOTAL P.05

NOV-14-2008 10:49 INTERNAL REVENUE SERVICE Page 1 of 2 for 325-62-7246 P.02

325-62-7246 30200412 R1 BRYA SP SSN: 000-00-0000 F1040A 1 of 4

FILING STATUS: Single

THIRD PARTY IND: 0

DEPENDENTS:
 1 SSN: 322-88-7200 BRYA

EXEMPTIONS: 02

	PER RETURN
LN 7 WAGES	27,826
LN 8a TAXABLE INTEREST	0
LN 8b TAX-EXEMPT INTEREST	0
LN 9a ORDINARY DIVIDENDS	0
LN 9b QUALIFIED DIVIDENDS	0
LN 10 CAPITAL GAIN DISTRIBUTIONS	0
LN 11a TOTAL IRA DISTRIBUTIONS	0
LN 11b TAXABLE IRA DISTRIBUTIONS	0

325-62-7246 30200412 R2 BRYA SP SSN: 000-00-0000 F1040A 2 of 4

	PER RETURN
LN 12a TOTAL PENSIONS AND ANNUITIES	0
LN 12b TAXABLE PENSIONS AND ANNUITIES	0
LN 13 UNEMPLOYMENT COMPENSATION	0
LN 14a TOTAL SOCIAL SECURITY BENEFITS	0
LN 14b TAXABLE SOCIAL SECURITY BENEFITS	0
LN 15 TOTAL INCOME	27,826
LN 16 EDUCATOR EXPENSES	0
LN 17 IRA DEDUCTION	0
LN 18 STUDENT LOAN INTEREST DEDUCTION	0
LN 19 TUITION AND FEES DEDUCTION	0
LN 20 TOTAL ADJUSTMENTS	0
LN 21 ADJUSTED GROSS INCOME	27,826.00
LN 27 TAXABLE INCOME	16,776.00
LN 28 TENTATIVE TAX	2,159.00
LN 29 CHILD CARE CREDIT	0.00

NOV-14-2008 10:58

INTERNAL REVENUE SERVICE

P.03

325-62-7246 30300412 R3 BRYA SP SSN: 000-00-0000 PER RETURN F1040A 3 of 4

LN 30	CREDIT FOR THE ELDERLY	0.00
LN 31	EDUCATION CREDIT: F8863	0.00
LN 32	RETIREMENT SAVINGS CONTRB CREDIT	0.00
	PRIM RET SAV CONTRB: F8860 LN 6a	0
	SEC RET SAV CONTRB: F8860 LN 6b	0
LN 33	CHILD TAX CREDIT	0.00
LN 34	ADOPTION CREDIT: F8839	0.00
LN 35	TOTAL CREDITS	0.00
LN 37	ADVANCED PARENTS INCOME	0.00
LN 38	TOTAL TAX LIABILITY TP FIGURES	2,159.00
	TOT SS/MED WITHD: F8812 LN 7	0.00
LN 39	FEDERAL WITHHOLDING	1,808.86
LN 40	ESTIMATED TAX PAYMENTS	0.00

325-62-7246 30200412 R4 BRYA SP SSN: 000-00-0000 PER RETURN F1040A 4 of 4

LN 41a	EARNED INCOME CREDIT	0.00
LN 41b	NOW TAXL COMERC PAY ELECTION	0.00
LN 42	ADDITIONAL CHILD TAX CR: F8812	0.00
LN 43	TOTAL PAYMENTS	1,808.86
LN 43a	REFUND AMOUNT	
LN 45	APPLIED TO 2005 ESTIMATED TAX	0.00
LN 47	AMOUNT DUE	350.14
LN 48	ESTIMATED TAX PENALTY	0.00

Form **8879**
Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

Do not send to the IRS. This is not a tax return.

Keep this form for your records. See instructions.

OMB No. 1545-0074

2007Declaration Control Number (DCN) **00-363323-11550-8**

Taxpayer's name

BRYANT, SHARON

Social security number

339-62-1475

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2007 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	47,219
2	Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	616
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	4,975
4	Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a)	4	4,359
5	Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronics funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Jackson Hewitt Tax Service to enter or generate my PIN 85934
ERO firm name do not enter all zeros

as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature _____ Date 01/24/2008

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____
ERO firm name do not enter all zeros

as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature _____ Date _____

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 3633232821

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature Rose Limas Date 01/24/2008

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879** (2007)BRYANT SHARON
11550

* Form W-2 *

Employer EIN 64-0202140
 Employer Name CARSON PIRIE SCOTT II INC
 FedEarnings 6,183
 FedWH 210
 SSWages 6,183
 SSWH 383
 MediWages 6,183
 MediWH 90
 Employer Num 640202140
 State Wages 6,183
 St Whldg 126

Relationship SON
 Dep live with TP 2
 Tot exmpt 3
 Gross Wages 47,219
 Total Income 47,219
 Total Adjust NONE
 Adj Gross Inc 47,219

* Form W-2 *

Employer EIN 36-0700810
 Employer Name ACE HARDWARE COPORATION
 FedEarnings 41,036
 FedWH 4,765
 SSWages 41,999
 SSWH 2,604
 MediWages 41,999
 MediWH 609
 Employer Num 3607008100003
 State Wages 41,036
 St Whldg 1,231
 Control Number 1G19174043

* Form 1040, Pg 2 *
 TP SSN 339-62-1475
 AGI 47,219
 Item/Std Ded 7,850
 AGI Minus Ded 39,369
 Exempt Amount 10,200
 Txbt Income 29,169
 Tax 3,816
 Total Tax 3,816
 Dep Care Credit 1,200
 Child tx Credit 2,000
 Total Credits 3,200
 Inc Tx Less Cr 616
 Total Tax 616
 Fed Tax Whld 4,975
 Tot Payments 4,975
 Amt Overpaid 4,359
 TP Refund 4,359
 Est Tx Pnlty NONE
 TP Occupation CUSTOMER SERVICE REP
 Date Printed 01/24/2008 03:54:50 PM CST

* Form 1040, Pg 1 *

TpDOB 10/01/1966
 TP First Name SHARON
 TP Last Name BRYANT
 TP SSN 339-62-1475
 Street Address 4438 PRESCOTT AVE APT 4C
 City State Zip LYONS, IL 60534
 Federal filing HOH
 TP Exmpt cbox YES
 No of Exmpt 1
 Child Tax Cr YES
 Dependent Name MAJOR E BRYANT
 Dependent SSN 349-04-0568
 Relationship SON
 Child Tax Cr YES
 Dependent Name RICKY R WILLIAMS
 Dependent SSN 353-02-3650

* Form 2441, Pg 1 *

TP Name SHARON BRYANT
 TP SSN 339-62-1475
 Care Provider's LACONDA BRYANT
 Address 5012 MILLARD
 City, State, Zi CHICAGO, IL 60623
 ID Number 325-62-4443
 Amount Paid 7,800
 First Name MAJOR E
 Last Name BRYANT
 SSN 349-04-0568
 CY exp incurr 3,900
 First Name RICKY R
 Last Name WILLIAMS
 SSN 353-02-3650

CY exp incurr	3,900
Qual tot exp	6,000
Tp EI	47,219
Sp EI	47,219
Smallest exp	6,000
AGI	47,219
Credit rate	.20
Tent child cr	1,200
Tax from 1040	3,816
Tax less FTC	3,816
Child Care Cred	1,200

* Child Tax Credit *

RtrnFilingName SHARON BRYANT

TP SSN 339-62-1475

Num Qual Dep 2

AGI 47,219

MAGI 47,219

MAGI Limit 75,000

MAGI exceeds th No

PhaseOut 0

CreditLsLimit 2,000

Tax 3,816

ChildEldrlyEdCr 1,200

Checkbox for ad No

Other Credits 1,200

TaxLsOthCredits 2,616

Credit Limit 2,000

Label
(See instructions.)
Use the IRS label.
Otherwise, please print or type.

For the year Jan. 1 - Dec. 31, 2007, or other tax year beginning ending

Your first name and initial SHARON **Last name** BRYANT

If a joint return, spouse's first name and initial **Last name**

Home address (number and street). If you have a P.O. box, see instructions. 4438 PRESCOTT AVE APT 4C **Apt. no.**

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. LYONS, IL 60534

OMB No. 1545-0074
Your social security number 339-62-1475
Spouse's social security number

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, wish to contribute to the Presidential Election Campaign. ☐ Yes ☒ No

Filing Status

Check only one box.

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☒ Head of household (with qualifying person). (See instr.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (see instr.)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)
MAJOR E	BRYANT	349-04-0568	SON	<input checked="" type="checkbox"/>
MAJOR E	BRYANT	339-01-3669	SON	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b: 1
No. of children on 6c who:
● lived with you: 2
● did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above: 3

d **Total number of exemptions claimed** 3

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 47,219

8a **Taxable interest.** Attach Schedule B if required 8a

b **Tax-exempt interest.** Do not include on line 8a 8b

9a **Ordinary dividends.** Attach Schedule B if required 9a

b **Qualified dividends (see instructions)** 9b

10 **Taxable refunds, credits, or offsets of state and local income taxes (see instructions)** 10

11 **Alimony received** 11

12 **Business income or (loss).** Attach Schedule C or C-EZ 12

13 **Capital gain or (loss).** Attach Schedule D if required. If not required, check here ☐ 13

14 **Other gains or (losses).** Attach Form 4797 14

15a **IRA distributions** 15a

b **Taxable amount (see instr.)** 15b

16a **Pensions and annuities** 16a

b **Taxable amount (see instr.)** 16b

17 **Rental real estate, royalties, partnerships, S corporations, trusts, etc.** Attach Schedule E 17

18 **Farm income or (loss).** Attach Schedule F 18

19 **Unemployment compensation** 19

20a **Social security benefits** 20a

b **Taxable amount (see instr.)** 20b

21 **Other income.** List type and amount (see instructions) 21

22 **Add the amounts in the far right column for lines 7 through 21. This is your total income.** 22 47,219

Adjusted Gross Income

23 **Educator expenses (see instructions)** 23

24 **Certain business expenses of reservists, performing artists, and fee-basis government officials.** Attach Form 2106 or 2106-EZ 24

25 **Health savings account deduction.** Attach Form 8889 25

26 **Moving expenses.** Attach Form 3903. 26

27 **One-half of self-employment tax.** Attach Schedule SE 27

28 **Self-employed SEP, SIMPLE, and qualified plans** 28

29 **Self-employed health insurance deduction (see instructions)** 29

30 **Penalty on early withdrawal of savings.** 30

31a **Alimony paid** b Recipient's SSN ▶ 31a

32 **IRA deduction (see instructions)** 32

33 **Student loan interest deduction (see instructions)** 33

34 **Tuition and fees deduction.** Attach Form 8917 34

35 **Domestic production activities deduction.** Attach Form 8903 35

36 **Add lines 23 through 31a and 32 through 35** 36 NONE

37 **Subtract line 36 from line 22. This is your adjusted gross income** 37 47,219

Form 8879	IRS e-file Signature Authorization ▶ Do not send to the IRS. This is not a tax return. ▶ Keep this form for your records. See instructions.	OMB No. 1545-0074 2006
------------------	--	--------------------------------------

Declaration Control Number (DCN) 00-363323-14113-7	
Taxpayer's name BRYANT, SHARON	Social security number 339-62-1475
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2006 (Whole Dollars Only)		
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	46,494
2 Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 11)	2	616
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	5,270
4 Refund (Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040EZ-T, line 1a)	4	4,704
5 Amount you owe (Form 1040, line 76; Form 1040A, line 47; Form 1040EZ, line 13)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return or request for refund and accompanying schedules and statements for the tax year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return or request for refund. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return or request to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return or request for refund and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize Jackson Hewitt Tax Service to enter or generate my PIN 85934
 ERO firm name do not enter all zeros
- as my signature on my tax year 2006 electronically filed income tax return or request for refund.
- ☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box only
 if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature _____ Date 01/25/2007

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN _____
 ERO firm name do not enter all zeros
- as my signature on my tax year 2006 electronically filed income tax return or request for refund.
- ☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box only
 if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature _____ Date _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	<u>36332387614</u>
do not enter all zeros	

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2006 electronically filed income tax return or request for refund for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature _____ Date 01/25/2007

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879 (2006)

BRYANT SHARON
1413

MAY 11/10/06

Tax Year: 2006

Federal Document

Page 58 of 67

Primary : 339-62-1475 SHARON BRYANT

Page: 1

* Form W-2 *

Employer EIN 36-0700810
 Employer Name ACE HARDWARE COPORATION

FedEarnings 40,547
 FedWH 5,012
 SSWages 40,547
 SSWH 2,514
 MediWages 40,547
 MediWH 588
 State Wages 40,547
 St Whldg 1,216

Gross Wages 46,494
 Total Income 46,494
 Total Adjust NONE
 Adj Gross Inc 46,494

* Form W-2 *

Employer EIN 63-0680839
 Employer Name CARSON PIRIE SCOTT LLC

FedEarnings 5,947
 FedWH 258
 SSWages 5,947
 SSWH 369
 MediWages 5,947
 MediWH 86
 State Wages 5,947
 St Whldg 119

* Form 1040, Pg 2 *
 TP SSN 339-62-1475
 AGI 46,494
 Item/Std Ded 7,550
 AGI Minus Ded 38,944
 Exempt Amount 9,900
 Txbl Income 29,044
 Total Tax 3,816
 Total Tax 3,816
 Dep Care Credit 1,200
 Child tx Credit 2,000
 Total Credits 3,200
 Inc Tx Less Cr 616
 Total Tax 616
 Fed Tax Whld 5,270
 Fed Tel Tax Cr 50
 Tot Payments 5,320
 Amt Overpaid 4,704
 TP Refund 4,704
 Est Tx Pnlty NONE

* Form 1040, Pg 1 *

TpDOB 10/01/1966
 TP First Name SHARON
 TP Last Name BRYANT
 TP SSN 339-62-1475
 Street Address 4438 PRESCOTT AVE APT4C
 City State Zip LYONS, IL 60534
 Federal filing HOH
 TP Exmpt cbox YES
 No of Exmpt 1
 Child Tax Cr YES
 Dependent Name AARON WILLIAMS
 Dependent SSN 318-94-7290
 Relationship SON
 Child Tax Cr YES
 Dependent Name MAJOR E BRYANT
 Dependent SSN 349-04-0568
 Relationship SON
 Dep live wth TP 2
 Tot exmpt 3

TP Occupation CUSTOMER SERVICE REP
 TP Phone Number (708) 602-6644
 Date Printed 01/25/2007

* Form 2441, Pg 1 *

TP Name SHARON BRYANT
 TP SSN 339-62-1475
 Care Provider's LACONDA BRYANT
 Address 5012 MILLARD
 City, State, Zi CHICAGO, IL 60623
 ID Number 325-62-4443
 Amount Paid 7,200
 First Name AARON
 Last Name WILLIAMS
 SSN 318-94-7290
 CY exp incurr 3,600
 First Name MAJOR E
 Last Name BRYANT
 SSN 349-04-0568
 CY exp incurr 3,600

Qual tot exp	6,000
Tp EI	46,494
Sp EI	46,494
Smallest exp	6,000
AGI	46,494
Credit rate	.20
Tent child cr	1,200
Tax less FTC	3,816
Child Care Cred	1,200

* Child Tax Credit *

RtrnFilingName SHARON BRYANT

TP SSN 339-62-1475

Num Qual Dep 2

AGI 46,494

MAGI 46,494

MAGI Limit 75,000

MAGI exceeds th No

PhaseOut 0

CreditLsLimit 2,000

Tax 3,816

ChildEldrlyEdCr 1,200

Checkbox for ad No

Other Credits 1,200

TaxLsOthCredits 2,616

Credit Limit 2,000

1040

U.S. Individual Income Tax Return

2005

Page 60 of 67

Desc Main

Label (See instructions.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning

Your first name and initial: SHARON Last name: BRYANT

If a joint return, spouse's first name and initial: Last name:

Home address (number and street). If you have a P.O. box, see instructions. 8016 EDGEWATER RD APT 1 Apt. no.:

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. NORTH RIVERSIDE, IL 60546

OMB No. 1545-0074

Your social security number: 339-62-1475

Spouse's social security number:

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

4 ☒ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child (see instr.)

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)
AARON WILLIAMS		318-94-7290	SON	<input checked="" type="checkbox"/>
DAVID BRYAN		349-04-0568	SON	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b: 1

No. of children on 6c who: 2

- ☒ lived with you
- ☐ did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above: 3

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 40,697

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends (see instructions) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a

b Taxable amount (see instr.) 15b

16a Pensions and annuities 16a

b Taxable amount (see instr.) 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a

b Taxable amount (see instr.) 20b

21 Other income. List type and amount (see instructions) 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 40,697

Adjusted Gross Income

23 Educator expenses (see instructions) 23

24 Certain business expenses of reservists, performing artists, and fee basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 One-half of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction (see instructions) 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN 31a

32 IRA deduction (see instructions) 32

33 Student loan interest deduction (see instructions) 33

34 Tuition and fees deduction (see instructions) 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 31a and 32 through 35 36 NONE

37 Subtract line 36 from line 22. This is your adjusted gross income 37 40,697

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Tax and Credits		38 Amount from line 37 (adjusted gross income)		38	40,697
Standard Deduction for - ● People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions. ● All others: Single or Married filing separately, \$5,000 Married filing jointly or Qualifying widow(er), \$10,000 Head of household, \$7,300	39 a	Check if: <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind.	Total boxes checked 39a		
	<input type="checkbox"/> Spouse was born before January 2, 1941. <input type="checkbox"/> Blind.		39b		
	b If your spouse itemizes on a separate return or you were a dual-status alien, see instr and check here 39b				
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	7,300	
	41 Subtract line 40 from line 38		41	33,397	
	42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d		42	9,600	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	23,797	
	44 Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		44	3,044	
	45 Alternative minimum tax (see instructions). Attach Form 6251		45		
	46 Add lines 44 and 45		46	3,044	
Other Taxes	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48	660	
	49	Credit for the elderly or the disabled. Attach Schedule R	49		
	50	Education credits. Attach Form 8863	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit (see instructions). Attach Form 8901 if required	52	2,000	
	53	Adoption credit. Attach Form 8839	53		
	54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54		
	55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55		
	56	Add lines 47 through 55. These are your total credits	56	2,660	
Payments	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	384	
	58	Self-employment tax. Attach Schedule SE	58		
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59		
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60		
	61	Advance earned income credit payments from Form(s) W-2	61		
	62	Household employment taxes. Attach Schedule H	62		
	63	Add lines 57 through 62. This is your total tax	63	384	
	64	Federal income tax withheld from Forms W-2 and 1099	64	4,883	
	65	2005 estimated tax payments and amount applied from 2004 return	65		
	66 a	Earned income credit (EIC)	66a		
Refund	66 b	Nontaxable combat pay election 66b	66b		
	67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67		
	68	Additional child tax credit. Attach Form 8812	68		
	69	Amount paid with request for extension to file (see instructions)	69		
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70		
	71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	4,883	
	72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	4,499	
	73 a	Amount of line 72 you want refunded to you	73a	4,499	
	73 b	Routing number	73b		
	73 c	Account number	73c		
Amount You Owe	73 d	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	73d		
	74	Amount of line 72 you want applied to your 2006 estimated tax	74		
	75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions	75		
	76	Estimated tax penalty (see instructions)	76	NONE	
	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No				
	Third Party Designee name Elizabeth Bruno Phone no. (708) 338-9365 Personal identification number (PIN) 11423				
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your signature _____ Date _____ Your occupation CUSTOMER SERVICE REP Daytime phone number _____				
	Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____				
	Preparer's signature _____ Date _____ Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN _____				
Firm's name (or yours if self-employed), Jackson Hewitt Tax Service EIN 36-3674363					
address, and ZIP code 6510 W. Cermak Rd. Berwyn IL 60402 Phone no. (708) 795-7925					

* Form W-2 *
 Employer EIN 36-0700810
 Employer Name ACE HARDWARE COPORATION
 FedEarnings
 FedWH
 SSWages
 SSWH
 MediWages
 MediWH
 Employer Num IL
 State Wages
 St Whldg

Child Tax Cr YES
 Tot exmpt 3
 Gross Wages
 Total Income 40,697
 Total Adjust 40,697
 Adj Gross Inc NONE
 40,697

* Form 1040, Pg 2 *
 TP SSN 339-62-1475
 AGI 40,697
 Item/Std Ded 7,300
 AGI Minus Ded 33,397
 Exempt Amount 9,600
 Txbl Income 23,797
 Total Tax 3,044
 Total Tax 3,044
 Dep Care Credit 660
 Child tx Credit 2,000
 Total Credits 2,660
 Inc Tx Less Cr 384
 Total Tax 384
 Fed Tax Whld 4,883
 Tot Payments 4,883
 Amt Overpaid 4,499
 TP Refund 4,499
 Est Tx Pnlty NONE
 TP Occupation CUSTOMER SERVICE REP
 Date Printed 01/29/2006

* Form W-2 *
 Employer EIN 62-0331040
 Employer Name SAKS INCORPORATED
 FedEarnings
 FedWH
 SSWages
 SSWH
 MediWages
 MediWH
 Employer Num IL
 State Wages
 St Whldg

* Form 2441, Pg 1 *
 TP Name SHARON BRYANT
 TP SSN 339-62-1475
 Care Provider's LACONDA BRYANT
 Address 5012 MILLARD
 City, State, Zi CHICAGO, IL 60623
 ID Number 325-62-4443
 Amount Paid 3,600
 First Name AARON
 Last Name WILLIAMS
 SSN 318-94-7290
 CY exp incurr 3,600
 Qual tot exp 3,000
 Tp EI 41,213
 Sp EI 41,213
 Smallest exp 3,000

* Form 1040, Pg 1 *
 TpDOB 10/01/1966
 TP First Name SHARON
 TP Last Name BRYANT
 TP SSN 339-62-1475
 Street Address 8016 EDGEWATER RD APT 1
 City State Zip NORTH RIVERSIDE, IL 60546
 Federal filing HOH
 TP Exmpt cbox YES
 No of Exmpt 1
 Dep live with TP 2
 Dependent Name AARON WILLIAMS
 Dependent SSN 318-94-7290
 Relationship SON
 Child Tax Cr YES
 Dependent Name MAJOR E BRYANT
 Dependent SSN 349-04-0568
 Relationship SON

AGI	
Credit rate	40,697
Tent child cr	.22
Tax less FTC	660
Child Care Cred	3,044
	660
* Child Tax Credit *	
RtrnFilingName	SHARON BRYANT
TP SSN	339-62-1475
Num Qual Dep	2
AGI	
MAGI	40,697
MAGI Limit	40,697
MAGI exceeds th	75,000
No	
PhaseOut	0
CreditLsLimit	2,000
Tax	3,044
ChildEldrlyEdCr	660
Checkbox for ad	
No	
Other Credits	660
TaxLsOthCredits	2,384
Credit Limit	2,000

Form 1040A (2004)

Page 2

Tax, credits, and payments

Standard Deduction for—

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 31.

• All others:
Single or Married filing separately, \$4,850
Married filing jointly or Qualifying widow(er), \$9,700
Head of household, \$7,150

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income).	22	40,330	19
23a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Total boxes checked ▶ 23a			
b	If you are married filing separately and your spouse itemizes deductions, see page 30 and check here ▶ 23b			
24	Enter your standard deduction (see left margin).	24	9,150	20
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	31,180	19
26	If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32.	26	62-50	00
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income .	27	27,250	19
28	Tax, including any alternative minimum tax (see page 31).	28	3,581	00
29	Credit for child and dependent care expenses. Attach Schedule 2.	29	0	
30	Credit for the elderly or the disabled. Attach Schedule 3.	30	0	
31	Education credits. Attach Form 8863.	31	0	
32	Retirement savings contributions credit. Attach Form 8880.	32	0	
33	Child tax credit (see page 36).	33	0	
34	Adoption credit. Attach Form 8839.	34	0	
35	Add lines 29 through 34. These are your total credits .	35	3,581	00
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-.	36	3,581	00
37	Advance earned income credit payments from Form(s) W-2.	37	0	
38	Add lines 36 and 37. This is your total tax .	38	3,581	00
39	Federal income tax withheld from Forms W-2 and 1099.	39	4,120	56
40	2004 estimated tax payments and amount applied from 2003 return.	40	0	
41a	Earned income credit (EIC) .	41a	0	
b	Nontaxable combat pay election. 41b			
42	Additional child tax credit. Attach Form 8812.	42	0	
43	Add lines 39, 40, 41a, and 42. These are your total payments .	43	4,120	56
44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid .	44	539	56
45a	Amount of line 44 you want refunded to you .	45a		
b	Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="text"/>			
46	Amount of line 44 you want applied to your 2005 estimated tax .	46		
47	Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 51.	47		
48	Estimated tax penalty (see page 51).	48		

Refund

Direct deposit? See page 50 and fill in 45b, 45c, and 45d.

Amount you owe

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 52)? ☐ Yes. Complete the following. ☐ No

Designee's name ▶ Phone no. ▶ () ▶ Personal identification number (PIN) ▶

Sign here

Joint return? See page 18. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature ▶ Date ▶ Check if self-employed ☐ Preparer's SSN or PTIN ▶
Firm's name (or yours if self-employed), address, and ZIP code ▶ EIN ▶ Phone no. () ▶

Form 1040A (2004)

Certificate Number: 00437-ILN-CC-005443693

CERTIFICATE OF COUNSELING

I CERTIFY that on November 18, 2008, at 4:15 o'clock PM MST,

Major L Bryant received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: November 18, 2008

By /s/Rhonda Bossman

Name Rhonda Bossman

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00437-ILN-CC-005443531

CERTIFICATE OF COUNSELING

I CERTIFY that on November 18, 2008, at 4:04 o'clock PM MST,

Sharon Bryant received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: November 18, 2008

By /s/Vera Gell

Name Vera Gell

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Bryant, Major L & Willis-Bryant, Sharon D

Debtor(s)

Chapter 13**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

To Be Used When Filing over the Internet**PART I - DECLARATION OF PETITIONER**Date: November 18, 2008

A. To be completed in all cases.

I (We) Major L Bryant and Sharon D Willis-Bryant, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☐ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____

Major L Bryant

(Debtor or Corporate Officer, Partner or Member)

Signature: _____

Sharon D Willis-Bryant

(Joint Debtor)